

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Supplemental Application  
For  
**Supermarkets**

Applicant's Name: _____
Location Address: _____
Location No.: _____
Applicant's web site address: _____

**A. GENERAL**

1. Is applicant building owner or tenant?  Owner  Tenant
2. Is applicant part of a chain operation?  Yes  No
3. Gross sales – Annual: \$ \_\_\_\_\_
4. Square feet – Interior: \_\_\_\_\_
5. Year location was: Acquired \_\_\_\_\_ Built \_\_\_\_\_
6. Number of employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_
7. For any building over 15 years old, please provide the following: Year updated \_\_\_\_\_ Roof  
Year updated \_\_\_\_\_ Electrical  
Year updated \_\_\_\_\_ Plumbing
8. Does applicant lease any part of premises to another business operation?  Yes  No  
If yes, how much and to whom? \_\_\_\_\_
9. Can employees be identified by badge or uniform?  Yes  No

**B. FEATURES**

1. Is there an Automatic Teller Machine?  Yes  No
2. Is there a Pharmacy Department?  Yes  No
3. Is there a Butcher/Meat Department?  Yes  No
4. Is there a Deli Counter?  Yes  No
5. Is there a Bakery Department?  Yes  No
6. Is there a Food Court or Restaurant?  Yes  No
7. Is there a Salad Bar?  Yes  No  
Are "sneeze guards" provided?  Yes  No
8. Is Liquor Liability coverage in place?  Yes  No  
Carrier \_\_\_\_\_ Limits \_\_\_\_\_ Policy Period \_\_\_\_\_
9. Are alcoholic beverages sold?  Yes  No
10. Does applicant sell food prepared on the premises?  Yes  No
11. Does applicant sell goods under own label?  Yes  No
12. What are the store hours? Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_  
Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

**C. INTERIOR**

- 1. Housekeeping, maintenance and repair?  Excellent  Good  Needs Work
- 2. Sweep logs in place?  Yes  No
- 3. Mats and runners at Entrances?  Yes  No
  - In Produce aisles?  Yes  No
  - Flat, level, not curled or frayed?  Yes  No
- 4. Aisles clear, regularly checked?  Yes  No
- 5. "Caution – Wet Floor" signs used when and where needed?  Yes  No
- 6. Are spills cleared immediately?  Yes  No

**D. FIRE, REFRIGERATION, and SECURITY SYSTEMS**

- 1. Fire alarm system used?  Yes  No
  - Central station?  Yes  No
  - Local gong?  Yes  No
  - Is there a maintenance contract and agreement?  Yes  No
  - Name of fire alarm system maintenance contractor? \_\_\_\_\_
  - Frequency of inspection/repair? \_\_\_\_\_
- 2. Are premises fully sprinklered?  Yes  No
  - Is there a sprinkler maintenance contract and agreement?  Yes  No
  - If yes, name of sprinkler maintenance contractor? \_\_\_\_\_
  - Frequency of inspection/repair? \_\_\_\_\_
- 3. Is there a refrigeration maintenance contract and agreement?  Yes  No
  - If yes, name of refrigeration maintenance contractor? \_\_\_\_\_
  - Frequency of inspection/repair? \_\_\_\_\_
- 4. Security guards employed?  Yes  No
  - Contracted?  Yes  No
  - Armed?  Yes  No
- 5. Security cameras used?  Yes  No
- 6. Are night-shift workers always scheduled in pairs or more?  Yes  No
- 7. Burglar alarm system used?  Yes  No
  - Central station?  Yes  No
  - Local gong?  Yes  No

**E. EXTERIOR**

- 1. Parking lot area square feet? \_\_\_\_\_ Number of spaces? \_\_\_\_\_
  - Condition?  Excellent  Good/Average  Needs Work
- 2. Snow and ice removal?  By Applicant  By Contractor Get Certificate?  Yes  No
- 3. Are sidewalks and parking areas well illuminated at night?  Yes  No
- 4. Are "No Loitering" signs posted?  Yes  No
- 5. Are dumpsters and trash compactors fenced?  Yes  No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent